

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -8 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 905 0000 72267

1. Corporation Name

QUINN'S QUALITY CARS INC.

2. Principal Office Address - No P.O. Box #

415NUS1

Suite, Apt. #, etc.

N/A

City & State

FORT PIERCE

Zip

34950

Country

SAINT LUCIE

3. Mailing Office Address

415NUS1

Suite, Apt. #, etc.

N/A

City & State

FORT PIERCE

Zip

34950

Country

SAINT LUCIE

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-05

5. FEI Number
20-2878937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENDERSHOT, RAYMOND Q

Street Address (P.O. Box Number is Not Acceptable)

415 NORTH US 1

Suite, Apt. #, Etc.

N/A

City

FORT PIERCE

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Raymond Q. Hendershot OWNER
REGISTERED AGENT MUST SIGN

Date 4.1.08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HENDERSHOT, RAYMOND Q	415 N.US1	FT. PIERCE FL 34950
VP	HENDERSHOT, RAYMOND Q	415 N.US1	FT. PIERCE FL 34950
S	HENDERSHOT, RAYMOND Q	415 N.US1	FT. PIERCE FL 34950
T	HENDERSHOT, RAYMOND Q	415 N.US1	FT. PIERCE FL 34950
D	HENDERSHOT, RAYMOND Q	415 N.US1	FT. PIERCE FL 34950

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Raymond Q. Hendershot
OWNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-08 (72) 528-3830

Daytime Phone #